



CENTRAL DISTRICT HEALTH DEPARTMENT

1137 SOUTH LOCUST STREET, GRAND ISLAND, NE 68801
(308) 385-5175 (877) 216-9092 FAX (308) 385-5181

715 16TH STREET, CENTRAL CITY, NE 68826
(308) 946-3103 FAX (308) 946-2086

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 8-01-2006

The Central District Health Department (CDHD), and those medical or social assistance programs that are affiliated with it, are required by a federal law, known as the Health Insurance Portability and Accountability Act (HIPAA) of 1996, to maintain the privacy of your information and to provide you official notice of our legal duties and privacy practices with respect to such information.

USES AND DISCLOSURES:

We originate and maintain records containing elements of your medical/health history and, in some cases, diagnostic test results and information related to follow up and treatment of disease. The "use" of this information means internal communication between individuals employed or contracted by us who have signed confidentiality agreements. "Disclosure" refers to releasing this information to others outside the health department.

This is to notify you that we may use or disclose your health information, without your permission, for purposes of:

- ❖ **Treatment:** We may use and disclose your health information to health care providers to facilitate follow up and treatment of disease identified by screening and/or lab tests.
- ❖ **Payment:** We may use and disclose your health information so that preventive services, such as immunizations (i.e. flu shots) can be billed to a third-party payer when possible.
- ❖ **Health Care Operations:** We may use or disclose your health information to manage and support our office activities such as employee training.
- ❖ **Required By Law:** We may use or disclose your health information to the extent that is required by state or federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- ❖ **Public Health:** We may disclose your health information to another public health authority that is permitted by law to collect or receive the information.
- ❖ **Communicable Diseases:** We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ❖ **Food and Drug Administration:** We may disclose your health information to a person or company as required by the Food and Drug Administration.
- ❖ **Abuse or Neglect:** We may disclose your health information, consistent with applicable federal and state laws, if we believe you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
- ❖ **Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.
- ❖ **Legal Proceedings:** We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

- ❖ **Law Enforcement:** We may also disclose your health information for law enforcement purposes such as legal processes, limited requests for identification and location purposes, pertaining to victims of a crime, or suspicion that death has occurred as a result of criminal conduct. We may also disclose your health information, if it is necessary, for law enforcement authorities to identify or apprehend an individual. You will be notified, as required by law, of any such uses or disclosures.
- ❖ **Coroners, Funeral Directors, and Organ Donation:** We may disclose your health information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.
- ❖ **Research:** We may disclose your health information to researchers whose research has been approved by an institutional review board.
- ❖ **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- ❖ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel.
- ❖ **Inmates:** We may disclose your health information to a correctional institution or a law enforcement official having lawful custody of you.
- ❖ **Workers' Compensation:** We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- ❖ **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

**ALL OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION
WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, WHICH
YOU MAY REVOKE AT ANY TIME, IN WRITING, EXCEPT TO THE EXTENT
THAT WE HAVE ALREADY MADE THE DISCLOSURE.**



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YOUR RIGHTS TO PRIVACY:

- ❖ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy your health information, you must submit your request in writing to the CDHD HIPAA Privacy Officer at 1137 South Locust Street., Grand Island, NE 68801. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request the denial be reviewed. For more information call (308) 385-5175.
- ❖ **Right to Amend.** If you feel that health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for CDHD. To request an amendment, your request must be made in writing and submitted to the CDHD HIPAA Privacy Officer. In addition you must provide a reason, which supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the health information kept by or for CDHD;
 - is not part of the information which you would be permitted to inspect and copy; or,
 - is accurate and complete.
- ❖ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your health information. To request this list, you must submit your request in writing to the CDHD HIPAA Privacy Officer. Your request must state a time period for the disclosures, which may not be excess of six (6) years ago and may not include dates before April 14, 2003.
- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the CDHD HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted

- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request for restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the CDHD HIPAA Privacy Officer at 1137 South Locust Street, Grand Island, NE 68801. In your request you must tell us: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.
- ❖ **Right to Receive a Paper Copy of this Notice.** If you have received this notice electronically, you have the right to obtain a paper copy of this notice upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting the **CDHD HIPAA Privacy Officer** at (308) 385-5175 Monday through Friday from 9:00 a.m. to 4:30 p.m., except holidays, for further information about the complaint process. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, if you believe your privacy rights have been violated. **You will not be penalized for filing a complaint.**

Changes to the Notice of Information Practices

The State of Nebraska Health and Human Services System reserves the right to amend this Notice at any time in the future. Until such amendment is made, CDHD is required by law to abide by the terms of this Notice. CDHD will provide notice of any material change in revision of these policies.

Contact Information

This notice fulfills the “Notice” requirements of the Health Information Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have questions about any part of this Notice of Privacy practices or desire to have further information concerning information practices at the CDHD, please direct them to the CDHD HIPAA Privacy Officer at 1137 South Locust Street., Grand Island, NE 68801. You may also phone the CDHD HIPAA Privacy Officer at (308) 385-5175 or toll free at (877) 216-9092.